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APPLICATION NO.	FILING DATE	RADEMIST NAMED I		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional YES		\$700		\$0	\$700	05/09/2005
EXAMINER		ART UNIT CLASS-SUE		CLASS-SUBCLASS	7	
NEGASH, KINFE MICHAEL		2633 398-0420		398-042000	_	
Change of correspondence address (or Change of C Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indicat PTO/SB/47; Rev 03-02 or more recent) attached. Use Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE		tion form of a Customer	(2) the name of a single firm (having as registered attorney or agent) and the nan 2 registered patent attorneys or agents. If listed, no name will be printed.		a member a 2 WHITE	K, BERENATO
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Advance Order - # or	Copies		Deposit Accoun	nt Number <u>50 0548</u>	charge the required fee(s), or enclose an extra c	opy of this form).
. Change in Entity Status (	from status indicated above) 1ALL ENTITY status. See 3		u b. Applican	t is no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
a. Applicant claims SM		Fee and Publicat	ion Fee (if any)	or to re-apply any previous	sly paid issue fee to the applica	ation identified above.
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